13.d. Rehabilitative services. (continued)

8. Outreach services, which means services identifying potentially eligible people in the community, informing potentially eligible people of the availability of medically needy mental health mental health community support services, and assisting potentially eligible people with applying for these services.

9. Services provided by a hospital, board and lodge facility, or residential facility to patients or residents. This includes services provided by an institution for mental disease.

- **Mental health crisis response services** are services recommended by a physician, mental health professional defined in item 6.d.A., or mental health practitioner defined on pages 541-54m. An entity operated by or under contract with the county in the county in which the crisis occurs is eligible to provide mental health crisis response services.

  Mental health practitioners and mental health rehabilitation workers must complete at least 30 hours of training in crisis response services skills and knowledge every two years.

  The components of mental health crisis response services are:

  1. Crisis assessment. Crisis assessment is an immediate face-to-face appraisal by a physician, mental health professional, or mental health practitioner under the clinical supervision of a mental health professional, following a determination that suggests the recipient may be experiencing a mental health crisis.

     The crisis assessment is an evaluation of any immediate needs for which emergency services are necessary and, as time permits, the recipient's life situation, sources of stress, mental health problems and symptoms, strengths, cultural considerations, support network, vulnerabilities, and current functioning.

13.d. Rehabilitative services. (continued)

2. Crisis intervention. Crisis intervention is a face-to-face, short-term intensive service provided during a mental health crisis to help a recipient cope with immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning. Crisis intervention must be available 24 hours a day, seven days a week.

   A. Crisis intervention is provided after the crisis assessment.

   B. Crisis intervention includes developing a crisis treatment plan. The plan must include recommendations for any needed crisis stabilization services. It must be developed no later than 24 hours after the first face-to-face intervention. The plan must address the needs and problems noted in the crisis assessment and include measurable short-term goals, cultural considerations, and frequency and type of services to be provided. The plan must be updated as needed to reflect current goals and services.

      The crisis intervention team must document which short-term goals were met, and when no further crisis intervention services are required.

   C. The crisis intervention team is comprised of at least two mental health professionals, or a combination of at least one mental health professional and one mental health practitioner with the required crisis training and under the clinical supervision of a mental health professional on the team. The team must have at least two members, with at least one member providing on-site crisis intervention services when needed.

   D. If possible, at least two members must confer in person or by telephone about the assessment, crisis treatment plan, and necessary actions taken.

13.d. Rehabilitative services. (continued)

E. If a recipient's crisis is stabilized, but the recipient needs a referral to other services, the team must provide referrals to these services.

3. Crisis stabilization. Crisis stabilization is an individualized mental health service designed to restore a recipient to the recipient's prior functional level.

A. Crisis stabilization cannot be provided without first providing crisis intervention.

B. Crisis stabilization is provided by a mental health professional, a mental health practitioner who is under the clinical supervision of a mental health professional, or a mental health rehabilitation worker who meets the qualifications on pages 54a-54c, who works under the direction of a mental health professional or a mental health practitioner, and works under the clinical supervision of a mental health professional.

C. Crisis stabilization may be provided in the recipient's home, another community setting, or a short-term supervised, licensed residential program that is not an IMD. If provided in a short-term supervised, licensed residential program, the program must have 24-hour-a-day residential staffing, and the staff must have 24-hour-a-day immediate access to a qualified mental health professional or qualified mental health practitioner.

D. A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. A plan must be completed within 24 hours of beginning services and developed by a mental health professional or a mental health practitioner under the clinical supervision of a mental health professional. At a minimum, the plan must contain:

13.d. Rehabilitative services. (continued)

(1) A list of problems identified in the assessment;

(2) A list of the recipient's strengths and resources;

(3) Concrete, measurable short-term goals and tasks to be achieved, including time frames for achievement;

(4) Specific objectives directed toward the achievement of each one of the goals;

(5) Documentation of the participants involved in the service planning. The recipient, if possible, must participate;

(6) Planned frequency and type of services initiated;

(7) The crisis response action plan if a crisis should occur; and

(8) Clear progress notes on the outcome of goals.

4. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

The services below are not eligible for medical assistance payment as mental health crisis response services:

1. Recipient transportation services.

2. Services provided by a nonenrolled Medicaid provider.

3. Room and board.

13.d. Rehabilitative services. (continued)

4. Services provided to a recipient admitted to an inpatient hospital.

5. Services provided by volunteers.

6. Direct billing of time spent "on call" when not providing services.

7. Provider service time paid as part of case management services.

8. Outreach services, defined on page 54e.

Rehabilitative services provided for **chemical abuse** are limited to:

(1) **Primary rehabilitation program:** A licensed chemical dependency rehabilitation program that provides intensive, primary therapeutic services to clients who do not require detoxification. Primary rehabilitation programs provide at least 30 hours a week per client of chemical dependency services including group and individual counseling, and other services specific to chemical dependency rehabilitation.

(2) **Outpatient rehabilitation program:** A program of at least 10 hours of therapy/counseling, including group, collateral, and individual therapy/counseling and may be provided to a recipient while the recipient resides in a supervised living facility, board and lodging facility, or the recipient's own home.

(3) **Extended rehabilitation program:** A licensed chemical dependency rehabilitation program that offers extended, long term in-house chemical dependency services. An extended rehabilitation program provides an average of 15 hours a week per client of chemical dependency services including group and individual counseling, client education, and other services specific to chemical dependency rehabilitation.

13.d. Rehabilitative services. (continued)

(4) **Transitional rehabilitation program:** A licensed chemical dependency rehabilitation program that is offered in a transitional semi-independent living arrangement with an emphasis on aftercare and securing employment. A transitional rehabilitation program provides at least five hours a week per client of rehabilitation services that may include group counseling, employment counseling, and individual counseling.

Collateral counseling involves counseling provided directly or indirectly to the recipient through the involvement of the recipient's or significant others in the counseling process. Presence of the recipient in the counseling sessions is not necessarily required. However, when the recipient is present, reimbursement for collateral counseling and individual or group counseling for the same session is not allowed.

Rehabilitative services must be restorative or specialized maintenance therapy services and include medical treatment and physical or psychological therapy. These services are limited to services provided under the recommendation of a physician and must be a part of the recipient's plan of care.

Provider eligibility is limited to programs licensed by the Department of Human Services under Minnesota Rules, parts 9530.4100 through 9530.4450(Rule 35) and Minnesota Rules, parts 9530.5000 through 9530.6400 (Rule 43) or the American Indian programs, that if located outside of the federally recognized tribal lands would be required to be licensed.

Rehabilitative restorative and specialized maintenance physical therapy, occupational therapy, and speech, language and hearing therapy services.

Coverage is limited to services within the limitations provided under Items 11.a. to 11.c., Physical therapy services, Occupational therapy services, and Speech, language and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist), except:

1) Services that are provided by a rehabilitation agency that take place in a sheltered workshop in a day training and habilitation center or a residential or group home that is an

13.d. Rehabilitative services. (continued)

affiliate of the rehabilitation agency are not covered.

(2) Social and vocational adjustment services are not covered, but must be provided as an unreimbursed adjunct to the covered services.

Covered **respiratory therapy services** are those prescribed by a physician and provided by a qualified respiratory therapist.

EPSDT rehabilitative services identified in either an Individualized Family Service Plan or an Individualized Education Plan under the Individuals with Disabilities Education Act (IDEA) and provided to children with IFSPs or IEPs during the school day.

Covered services include: IFSP or IEP evaluations that are medical in nature and result in IFSPs or IEPs, or determine the need for continued services; speech, language and hearing therapy services; mental health services; physical and occupational therapy; and assistive technology devices~~, and~~ .

Covered services also include nursing services ~~that are essential and adjunctive to the above services~~, such as catheterization, suctioning, tube feedings, medication ~~administration and~~ management, and ventilator care. Nursing services also includes complex or simple medication administration. Medication administration must be related to a child's disability and included in an IFSP or IEP for treatment of the identified disability.

- Simple medication administration is an exception to the requirement in the following paragraph that EPSDT rehabilitative services identified in an IFSP or IEP must be services otherwise covered in this Attachment.

The services must meet all the requirements otherwise applicable if the service had been provided by a qualified, enrolled provider other than a school district, in the following areas: a covered service, medical necessity, documentation, personnel qualifications, and invoicing and prior authorization requirements.

Appropriate nursing services must be provided pursuant to a physician's order. All other services must be provided pursuant to an order of a licensed practitioner of the healing arts.

13.d. Rehabilitative services. (continued)

Covered services must be furnished by the following personnel:

(1) Audiologists meeting the requirements in 42 CFR Part 440.110.

(2) Occupational therapists meeting the requirements in 42 CFR Part 440.110.

(3) Physical therapists meeting the requirements in 42 CFR Part 440.110.

(4) Speech-language pathologists:

(a) meeting the requirements in 42 CFR Part 440.110;

(b) who hold a masters degree in speech-language pathology; and

(c) who are licensed by the state as ~~educational~~ speech-language pathologists.

(5) Mental health professionals as defined in item 6.d.A.

(6) Mental health practitioners practicing under the supervision of mental health professionals who:

(a) hold a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and~~:~~

~~(i)~~ have at least 2,000 hours of supervised experience in the delivery of mental health services to children; ~~or~~

~~(ii) are fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, complete 40 hours of training in the delivery of services to children, and receive clinical supervision from a mental health professional at least once a week until the requirement of 2,000 hours of supervised experience is met;~~

13.d. Rehabilitative services. (continued)

(b) have at least 6,000 hours of supervised experience in the delivery of mental health services to children;

(c) are graduate students in one of the behavioral sciences or related fields and are formally assigned by an accredited college or university to an agency or facility for clinical training; or

(d) hold a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university and have less than 4,000 hours post-master's experience in the treatment of emotional disturbance.

Mental health practitioners cannot provide psychological testing or diagnostic assessments.

(7) Mental health behavioral aides as defined in item 4.b., pages 17q-17r working under the direction of either mental health professionals or mental health practitioners under the clinical supervision of mental health professionals.

(8) Physicians who have a current Minnesota license as a physician.

(9) Registered nurses and licensed practical nurses who have a current Minnesota license as registered nurses or practical nurses.